

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text" value="12457"/>	2 Fiscal Year Covered From <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3 Name and address of person filing Name <input type="text" value="Kevin"/> <input type="text" value="Cwikla"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text" value="419 Levita Road"/> City <input type="text" value="Lebanon"/> State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06249"/>	4 Name file number and address of labor organization Name <input type="text" value="Int 1 Assoc of Heat & Frost Insul Asbe Wkrs 33"/> Labor Organization File Number <input type="text" value="043-435"/> P O Box Building and Room Number if any <input type="text"/> Street <input type="text" value="218 South Colony Road"/> City <input type="text" value="Wallingford"/> State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06492"/>
5 Position in labor organization <input type="text" value="Business Manager"/>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest Transaction or Income <input type="text"/> 7 b Amount. <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) <i>Information on this LM-30 represents my effort to reconstruct 2004 events if I learn better of a reported transaction that was unintentionally omitted, I will file an amended LM-30</i>	
Signed <input type="text" value="R. F. Allen"/>	On <input type="text" value="8-15-05"/> <input type="text" value="203 255 6376"/> Date Telephone Number

Name of Person Filing Kevin Cwikla	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Asbestos Workers Loc No 33 Fringe Benefit Fd Trade Name if any P O Box Bldg Room No if any Street 218 South Colony Road City Wallingford State Connecticut ZIP Code + 4 06492	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Asbestos Workers Loc No 33 Fringe Benefit Fd Trade Name if any P O Box Bldg Room No if any Street 218 South Colony Road City Wallingford State Connecticut ZIP Code + 4 06492	11 a Nature of such dealing Union Trustee - Absestos Workers Local No 33 Fringe Benefit funds 11 b Approximate dollar value of such dealing N/A 12 a Nature of Interest held or income received Expenses related to Board of Trustees Meetings for year 12 b Amount \$48

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 a Nature of payment. 14 b Amount of payment.